**Program Summary Form**

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| **Program Name:** | Enter the name of your proposed program. |
| **Primary Focus Area:** | Enter the Primary Focus Area of your proposed program. |
| **Legal Applicant Organization:** | Enter the name of the Legal Applicant Organization. |
| **DUNS Number:** | Enter the DUNS Number for the Legal Applicant Organization. |

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| **Legal Applicant Contact Information** |  |
| **Full Name:** | Click or tap here to enter text. |
| **Title:**  | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **City:**  | Click or tap here to enter text. |
| **State:**  | Click or tap here to enter text. |
| **Zip Code:** | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. |
| **Primary Contact Information** | **Secondary Contact Information** |
| **Full Name:** | Click or tap here to enter text. | **Full Name:** | Click or tap here to enter text. |
| **Title:**  | Click or tap here to enter text. | **Title:**  | Click or tap here to enter text. |
| **Organization:** | Click or tap here to enter text. | **Organization:** | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. | **Phone:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. | **Email:**  | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **Address:** | Click or tap here to enter text. |

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| **Grant Type:** | Choose the type of grant for which you are applying. |
| **Anticipated Start Date:** | Enter your program’s anticipated start date. |
| **Grant Request Amount (CNCS Share):** | Enter the Total CNCS Share from the budget. |
| **Proposed Match Amount (Grantee Share):** | Enter the Total Grantee Share from the budget. |
| **MSY Requested:** | Enter the amount of MSY requested. |
| **Slots Requested:** | Enter the number of AmeriCorps member slots requested. |

**Partnership Information**

To satisfy the Community Partnership Requirements (see RFA), please provide a short narrative description of the involvement of at least three partners in the program. Include the name of the organization, whether it is a public or private organization, and its role in the program.

Describe at least three partners here.

**Funding Priorities**

Check all the priority areas that the proposed program will meet.

[ ]  Economic Opportunity - Increasing economic opportunities for communities by engaging opportunity youth to prepare them for the workforce.

[ ]  Education - Selection of one of the evidence-based interventions in three categories: School Readiness (three evidence-based interventions), K-12 Success (nine evidence-based interventions), and Post-Secondary Support (one evidence-based intervention). In order to qualify for this priority, the applicant must be assessed as having Moderate or Strong evidence by the reviewers.

[ ]  Healthy Futures - Reducing and/or Preventing Prescription Drug and Opioid Abuse

[ ]  Veterans and Military Families - Positively impacting the quality of life of veterans and improving military family strength

[ ]  Rural Intermediaries - Organizations that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure

[ ]  Safer Communities - Programs that focus on public safety, preventing and mitigating civil unrest, and/or partnerships between law enforcement and the community

[ ]  Faith-based organizations

[ ]  Unmet needs in the bottom five California neighborhood clusters with the lowest American Human Development Index for California. Complete the table if members will serve in one of the following neighborhood clusters:

1. Tulare County: Visalia, Tulare, Porterville
2. Kern County: Bakersfield
3. Los Angeles County: Huntington Park, Florence-Graham and Walnut Park
4. Los Angeles County: Southeast/East Vermont (Los Angeles City)
5. Los Angeles County: South Central/Watts

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| **County** | **Neighborhood Cluster** | **Name & Address of Service Site**(Click the “+” on the first row to add new lines for additional sites) | **# Members Dedicated** |
| Enter County. | Enter Neighborhood. | Enter Name & Address of Service Site. | Enter Number. |

[ ]  Unmet needs in one or more of the following counties that currently have no AmeriCorps state members serving. Complete the table if members will serve in the following counties: Amador, Kings, Lassen, Merced, Modoc, Mono, Sierra, or Sutter.

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| **County** | **Name & Address of Service Site**(Click the “+” on the first row to add new lines for additional sites) | **# Members Dedicated** |
| Enter County. | Enter Name & Address of Service Site. | Enter Number. |